

095M4039

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-870)							SERIAL NO.	FILING DATE					
							APPLICANT'S						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	W/O.	DEF.	W/O.	DEF.	W/O.	DEF.		W/O.	DEF.	W/O.	DEF.	W/O.	DEF.
1	1		1				61						
2							62						
3							63						
4							64						
5							65						
6							66						
7							67						
8							68						
9							69						
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30							90						
31							91						
32							92						
33							93						
34							94						
35							95						
36							96						
37							97						
38							98						
39							99						
40							100						
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL W/O.	1		3		3		TOTAL W/O.						
TOTAL DEF.	8		14		14		TOTAL DEF.						
TOTAL	9		17		17		TOTAL						

9/20/00